

APPENDIX J
HEALTH AND HUMAN SERVICES
ENTERPRISE STRATEGIC PRIORITIES

HHSC Priorities Formulation and Implementation

The Texas Health and Human Services Commission (HHSC) coordinates activities of the 13 health and human services agencies. This coordination is necessary in order to eliminate duplication and to maximize the agencies' efforts. The HHS agencies have identified several common issues to address.

In addition to coordination of activities, HHSC is charged with identification of unmet needs of consumers and creation of services and strategies to address these needs. In an effort identify unmet needs, twenty-one local planning forums were held between June and October of 1999. The issues of greatest concern to the local providers and clients of health and human services agencies were discussed and identified. The primary cross agency needs at all local planning forums were transportation, information and referral systems, and improving program eligibility and enrollment processes.

The Texas Department of Health, in cooperation with all other HHS agencies, collaborated on the creation of a set of strategic priorities in order to provide guidance to agency planning efforts.

Health and human services agencies have also adopted two guiding principles to consider in addressing the HHS priorities. The guiding principles are: 1) to remove barriers to meeting service needs through administrative streamlining and 2) to improve interagency collaboration, communication and outreach at the local level.

This appendix provides an overview of TDH's current and future involvement in support of the strategic priorities. This section also describes at what level TDH is involved and which programs are responsible for accomplishing the outcome of each priority.

The HHS agencies have agreed upon a set of fourteen Strategic Priorities. TDH is in some way, either directly or in a support function, involved with 12 of the 14 priorities. HHSC expects agencies to address applicable strategic priorities in their planning documents, from the perspective of participation in enterprise-wide projects as well as individual agency efforts apart from enterprise-wide

projects. There are three potential levels of agency involvement: 1) direct/primary (e.g., the agency funds the service); 2) indirect/secondary (e.g., the agency's clients benefit from the improvement of service); and 3) no involvement. The agencies in the health and human services enterprise are the:

- Texas Health and Human Services Commission (HHSC)
- Texas Department of Health (TDH)
- Texas Rehabilitation Commission (TRC)
- Texas Department of Mental Health and Mental Retardation (TxMHMR)
- Texas Department of Human Services (TDHS)
- Texas Department of Protective and Regulatory Services (TDPRS)
- Texas Commission for the Blind (TCB)
- Texas Department on Aging (TDoA)
- Texas Commission on Alcohol and Drug Abuse (TCADA)
- Texas Commission for the Deaf and Hard of Hearing (TCDHH)
- Interagency Council on Early Childhood Intervention Services (ECI)
- Texas Juvenile Probation Commission (TJPC)
- Health Care Information Council (HCIC)
- Children's Trust Fund of Texas (CTF)

A complete description of each applicable priority is available through the HHSC Coordinated Strategic Plan. The nature of each priority will evolve over time and descriptions will be updated periodically. The short descriptions of the twelve strategic priorities impacting TDH are:

1. Enhance the conditions that support good health and self-sufficiency in the South Texas *colonias*.
2. Develop and implement a long-range interagency project on how to more effectively prevent **delinquency and conduct disorders in children and adolescents**.
3. Respond to the growing number of persons with **diabetes** by increasing public and policy-maker awareness and making other appropriate policy changes.
4. Improve community-based **transportation** services.
5. Improve availability of information about services and continue development of the statewide information and referral (**I & R**) system.

6. Improve **eligibility and enrollment processes** for agency clients and customers.
7. Expand **health insurance** for children.
8. Improve coordination of **children's special initiatives** at the community level.
9. Support “**successful aging**” through development of an interagency policy framework.
10. Expand opportunities for **community-based services** in compliance with Executive Order 99-2.
11. Implement **business process improvements** across HHS agencies through optimal use of new technology and standardization wherever possible.
12. Expand the availability of **respite services**.

Summary of Projects with TDH Involvement

While TDH is committed to significant involvement in twelve of the strategic priorities, there are three priorities in which the agency is taking a leading role. These are the priorities addressing colonias, diabetes and delinquency prevention.

- 1) *Enhance the conditions that support good health and self-sufficiency in the South Texas colonias.* (Lead agency, HHSC; Participating agencies: TDH, TDoA, TCADA, TCBVI, TCDHH, ECI, TDHS, TxMHMR, TDPRS, TRC)

Colonias residents struggle with poverty and a variety of barriers to accessing the types of supports that are needed to improve their quality of life. Recent studies have shown colonias have a disturbing presence of contaminated drinking water, inadequate sewage disposal and bacteria-laden food preparation areas as reported in *Colonia Housing and Infrastructure, Volume 1: Current Characteristics and Future Needs in 1997*, by the LBJ School of Public Affairs at the University of Texas at Austin. Studies have also shown that children three and younger suffer particularly high incidences of diarrheal disease. *Colonias* residents are at greater risk of contracting uncommon diseases such as dengue fever, tuberculosis and other easily preventable diseases. TDH has had a long time commitment to

improving the conditions and supporting good health and self-sufficiency in the South Texas colonias. TDH is committing our Office of Border Health and its resources to meeting this priority.

Current Efforts

Senate Bill 1421. The 76th Legislature directed that state agencies to increase coordination of programs in *colonias*. The Texas Department of Health and HHSC are working in partnership with The *Colonias* Program at the Center for Housing and Urban Development at Texas A&M University. The purpose of this program is to improve the design of health and human services, education, job training, and youth and elderly programs in order to increase access. Increased access to services should decrease isolation and increase resident self-reliance partnership between by establishing community centers and forging partnerships between residents and local service providers. HHS agencies are working in partnership with the local community centers.

Multi-agency Colonias Workgroup: Works toward the integration of the delivery of health and human services to the Colonias. Workgroup includes TDH, TCADA, TCB, TDHS, and TRC. HHSC heads the workgroup.

Texas Small Town Environmental Program (STEP). Since 1994, TDH has been involved in a partnership with the Texas Natural Resources Conservation Commission, Texas Department of Housing and Community Affairs, the Texas General Land Office, the Texas Water Development Board and The Rensselaerville Institute in this program. This project assists communities and colonias in meeting their water and wastewater needs through self-help/sweat-equity. The Meadows Foundation joined the partnership in 1998, since which time four (4) *colonias* have completed self-help water or wastewater projects providing service to approximately 2,300 residents in 484 homes. Five (5) *colonias* have ongoing projects expected to serve 2,700 residents in 568 homes.

“Survey of Health and Environmental Conditions in Texas Border Counties and Colonias”. Beginning in 1996, TDH has conducted this border-wide study funded by the Centers for Disease Control and Prevention.

This has been the most comprehensive environmental survey done in the U.S. border area to-date. An estimated 2,100 household surveys were conducted along the Texas-Mexico border to collect data on household structure, general sanitation, health conditions, and potential sources of exposure to environmental contaminants. In addition, random blood samples were taken from children up to the age of 12 for screening of blood lead levels and Hepatitis A. A follow-up study on pesticide poisoning in children is currently underway.

Future Efforts

Continued expansion of the Texas Small Town Environmental Program (STEP). Expand STEP to reach more communities.

A follow-up study to “Survey of Health and Environmental Conditions in Texas Border Counties and Colonias” Environmental Health Survey: Follow-up survey of households in the border counties of Cameron, Hidalgo, Webb, Maverick, ValVerde, and El Paso. Additional data will be collected on household structure, general sanitation, health conditions, and potential sources of exposure to environmental contaminants. The follow-up survey will include a child pesticide poisoning project in border counties.

Border Geographic Information System (GIS) Project. This will be an effort to map populations of the border at high risk for exposure to pesticides.

- 2) *Develop and implement a long-range interagency project on how to more effectively prevent delinquency and conduct disorders in children and adolescents.* (Lead Agency: TDH. Participating Agencies: TDPRS, TJPC, TCADA, CTF).

TDH believes that the damage done to communities and the family due to juvenile delinquency is a public health problem in itself while also resulting from other public health problems. TDH is committed to working with other agencies to develop and implement a long-range interagency project on how to more effectively prevent delinquency and conduct disorders in children and adolescents.

SCR79. Senate Concurrent Resolution 79, 76th Texas Legislature, directs Texas Department of Health, in collaboration with other state agencies, to lead an inquiry into youth violence. The proposed interagency work group is directed complete its work in time to influence individual agency planning efforts prior to the 78th Legislature. The Department of Health commits the resources within its Deputyship for Community Health and Resources Development taking a lead on this priority.

3) ***Respond to the growing number of persons with diabetes by increasing public and policy-maker awareness and making other appropriate policy changes.***

The changing demographics in Texas make it increasingly important to address the issue of diabetes and prevent this potentially debilitating disease. Epidemiologic data indicate that the two groups at greatest risk of diabetes are Hispanics and the elderly. These are also the fastest growing demographic groups in Texas (“1998 Population Projections – State of Texas: Projections of the Population of Texas and Counties in Texas by Age, Sex Race/Ethnicity. Texas State Data Center, Texas A&M University. February, 1998). In order to respond to the growing number of persons with diabetes TDH is committed to increasing public and policy-maker awareness and making other appropriate policy changes. The expertise and resources of the Texas Diabetes Program in the Bureau of Disease and Injury Prevention, will be directed toward accomplishing this priority.

Current TDH efforts to ensure the success of this strategic priority include:

- **Texas Diabetes Prevention and Control Initiative.** The initiative’s mission is to increase awareness of the importance of prevention, diagnosis and proper management of Type 2 Diabetes among Texas residents through diabetes prevention activities, early diagnosis and referrals for treatment and an awareness campaign. It is anticipated that more than 1 million people will benefit from this program.
- **Diabetic Eye Disease Program.** This program seeks to prevent blindness by early identification of diabetic eye disease in high-risk public health

clients. TDH works in collaboration with the Texas Commission for the Blind and Visually impaired and the Texas Rehabilitation Commission.

- **Texas Medicaid Diabetes Pilot.** In Senate Bill 162, 75th Texas Legislature instructed the Health and Human Services Commission (HHSC) to develop a pilot program that will determine the effectiveness of comprehensive diabetes management in the state's Medicaid population. The validity of this comprehensive approach will be tested in a pilot program. The pilot will provide patient education, as well as access to medical specialists and durable medical equipment and associated medical supplies. It also will require adherence to minimum practice recommendations.
- **Texas Diabetes Institute.** The mission of the Texas Diabetes Institute (TDI) is to prevent diabetes and its complications through health education, promotion, treatment, and re-search. The Institute has successfully developed models that improve care through innovation and systems change technology. TDI leveraged \$26 million of local funds for the development of the facility, and has conducted a needs assessment of the Lower Rio Grande Valley.

Future plans to address this priority:

- **Patient and professional education, clinical treatment, and research (centers of excellence).** Development of a second comprehensive clinical treatment and education center and maintenance of the first Texas Diabetes Institute is critical for the care of Texans with Type 1 and Type 2 diabetes. Existing programs would be surveyed for clinical treatment facilities, patient and medical professional education programs, and research. Building on the knowledge gained from the design and establishment of the Texas Diabetes Institute, ultimately establish centers in each region of Texas.
- **Target Grants.** Grants would be funded to provide diabetes control activities that target high-risk Mexican American, African American, Asian, Native American, and Anglo populations. Activities would focus on preventive care, including foot care programs to prevent amputations, control of blood pressure, reduction of obesity, reduction of blood cholesterol and glucose levels, patient education, and care of patients with gestational diabetes. Specific funding will support community-based programs and evaluation activities.

- **Statewide screening for diabetic eye disease.** Funds would pay for sensitive dilated funduscopic examinations for high-risk individuals with diabetes. Public health entities would coordinate with local resources for coverage of treatment costs.
- **Public information on diabetes and diabetic complications.** Diabetes control activities through multi-media campaigns will continue to sensitize Texans to diabetes and motivate action to control the disease. Professional media spots and print materials, and pre- and post-campaign evaluation would be included

Other HHSC Priorities with TDH Involvement:

- 4) ***Improve community-based transportation services.*** (Lead agency: HHSC. Participating agencies; TDH, TdoA, TxMHMR, TDHS, and Texas Department of Transportation).

In rural and urban areas, lack of transportation is a significant barrier to services. Each community faces unique challenges in facing this problem. There does not appear to be one solution that will solve the problems in all areas of the state. Each community needs to develop it's own plan in dealing with the lack of transportation services.

Under the leadership of HHSC and in coordination with the Texas Department of Transportation, agencies that fund transportation services will change the way they do business to reduce duplication, and to redesign current fragmented, program-specific funding and service mechanisms to promote more efficient community transportation systems that better meet the diverse needs, cultures, geography and priorities of Texas communities. The TDH program most involved with this priority is the Medicaid Medical Transportation program.

- 5) ***Improve availability of information about services and continue development of the statewide information and referral (I & R) system.***(Lead agency: HHSC. Participating agencies: All).

Lack of knowledge about available services contributes to the many areas of unmet health and human services needs. During the local planning forums, communities indicated that I & R services were not available, were inadequate, or were not widely known; that clients and providers do not know about available services; and that agencies tend to operate in silos resulting in staff not knowing about programs in other agencies. There was considerable interest in and support for the development of a HHS hotline, or a 2-1-1 system. This would allow clients to call one phone number to receive information and referrals for all HHS agencies.

HHSC oversees the work of the Texas Information and Referral Network. The mission of this network is to **develop, coordinate and publicize a statewide network that provides local and state access points for health and human services information in Texas.**

The statewide I&R network will serve as the primary **local and state access points for health and human services information in Texas. TDH is fully committed to the aims of this priority and will work with all HHS agencies** to contribute necessary information to the system, not operate duplicate systems, and make appropriate referrals to the system.

6) *Improve eligibility and enrollment processes for agency clients and customers.* (Lead agency: HHSC. Participating agencies: All).

Eligibility for state health and human services is confusing and restrictive. The process is especially difficult for working families seeking services that require multiple applications in multiple locations. Community representatives voiced many complaints about the process for obtaining services.

TDHS is responsible for the Texas Integrated Eligibility Redesign System (TIERS) project, which seeks integration of eligibility rules, processes and centralized data. Several mechanisms were established in SB 374 to improve access to long-term care services. Within the scope of SB 374, HHSC will continue its current efforts to examine and improve

access to long-term services and supports. TDH is an active member of the redesign team.

- 7) ***Expand health insurance for children.*** (Lead agency: HHSC. Participating agencies: TDH, TDHS, TxMHMR, ECI and the Texas Education Agency).

Approximately 1.5 million children in Texas (25 percent) have no health insurance. In response to this problem, Congress passed the Balanced Budget Act of 1997 and created a new title — Title XXI — in the Social Security Act, known as the Children's Health Insurance Program (CHIP). The purpose of the title is to enable states to initiate and expand child health assistance to uninsured, low-income children.

The benefits of expanding children's health insurance include healthier kids and reduced future health care costs to the state and businesses; improved academic achievement because kids are able to perform better in school; and an improved economy where the future labor force is the most important resource. The lack of insurance contributes to the re-emerging problem of the increasing cost of indigent health care to public hospitals and local governments around the state.

HHSC is implementing the CHIP in coordination with TDH. Also, TDH is implementing the expansion of Medicaid to cover all children under the age of 18 up to 100 percent of Federal poverty guidelines. TDH has worked and will continue to work very closely with this team.

- 8) ***Improve coordination of children's special initiatives at the community level.*** (Lead agency: HHSC. Participating agencies: TDH, TDPRS, TDHS, TxMHMR, ECI, TJPC and the Texas Education Agency).

Texas, like most states, faces the dilemma of serving children and families whose needs encompass many service delivery systems with a fragmented and categorically-based funding structure. For example, funds for residential treatment are located within the Child Welfare and Juvenile Justice system. Because of categorical funding, families may be required to relinquish custody of their child in order to receive residential services.

Families of children with disabilities may also face the difficult task of keeping the family intact. These children and adolescents often have complex needs and require services from multiple agencies.

There are many ongoing interagency efforts to improve programs related to children's health. Examples include the Children's Policy Team, Community Resource Coordination Groups, the Children's Financing Initiative, and the Families Are Valued Project. HHSC is responsible for coordinating these projects. TDH commitment to such programs was emphasized by the recently created the Bureau of Children's Health. By having a bureau strictly focused on the special needs of this important population, more resources can be focused on ameliorating the health status of children. TDH's programs specifically aimed toward special children's issues include: Children with Special Health Care Needs, Child Health and Safety, Texas Health Steps, and other programs within the agency.

9) *Support “successful aging” through development of an interagency policy framework.* (Lead agency: TdoA. Participating agencies: HHSC, TDH, TxMHMR, TDHS, TDPRS)

There are 5.5 million baby boomers in Texas, the oldest of whom will turn 60 in eight years. The aging of the boomers will have a significant impact on our 60-plus population and potentially increase the need for services to older Texans in the years to come. In the long-term, agencies will need to adapt policies to respond to the needs of the growing aging population.

The Texas Department of Health has been an active participant in TDoA's Aging Texas Well (ATW) initiative. ATW focuses on helping baby boom-age Texans prepare in advance for successful transition into their post-retirement years. In addition to its statewide needs assessment of older adults, TDoA recently began a survey of Texas baby boomers. The agency is also conducting a review of state government agencies to assess Texas' level of readiness to meet the challenges of an aging Texas. These surveys, studies and briefs will be incorporated into a series of documents entitled “Aging Matters in Texas.” An interagency policy council guides

the initiative with membership from several HHS agencies (HHSC, TDH, MHMR, DHS, PRS). TDH has specific programs geared toward the aging population including: The Adult Health Program, Osteoporosis Education & Awareness, Prostate Cancer Education, and the Alzheimer's Disease program.

10) Expand opportunities for community-based services in compliance with Executive Order 99-2. (Lead agency: HHSC. Participating agencies: TDHS, TDH, TxMHMR, TDPRS, and TDoA)

For almost two decades, Texas has focused on increasing community-based long-term care options for the elderly and individuals with disabilities, especially in the Medicaid program. This emphasis has resulted in a population decline within institutional settings. Further impetus is provided by the *Olmstead v. Zimring* case, in which the United States Supreme Court decided that states have an obligation to allow access into existing community programs for people in institutional settings

To implement the Promoting Independence campaign, a twelve-member advisory board has been appointed by and will report to the HHSC Commissioner. This advisory board is comprised of seven consumer/family representatives, three representatives of service providers selected by the Commissioner, and two agency board members, representing TDMHMR and DHS. TDH's role in support of this priority is the operation of the Medically Dependent Children Waiver Program (MDCP), currently limited to serving 600 children, which provides caregiver respite care, to families with medically fragile children as a cost-effective alternative to institutionalization.

11) Implement business process improvements across HHS agencies through optimal use of new technology and standardization wherever possible. (Lead agency: HHSC. Participating: All)

House Bill 2641 requires HHSC to oversee improved business system processes in HHS agencies. HHSC is implementing a new division focused on improving business system processes in health and human

services agencies. One immediate effort is development of Integrated Statewide Administrative Systems (ISAS). In coordination with the Comptroller of Public Accounts and the Department of Information Resources, HHSC purchased a license to use the PeopleSoft software to provide state government agencies with a base system for developing the ISAS. The use of PeopleSoft will provide a high level enterprise-wide approach for deployment of administrative information systems, including accounting and human resources.

The new Systems Operations division will ensure business process improvements through 1) the interagency Steering Committee, which will continue to guide efforts to obtain efficiencies in administration, and 2) new regional business plans required by HB 2641.

HHSC will provide oversight and coordination of the PeopleSoft project to ensure uniform and consistent implementations. Several large HHS agencies – TDH, DHS, and MHMR – are planning to replace current administrative systems with PeopleSoft; PRS is currently using the software for accounting and asset management, with plans to use additional modules; and other agencies may migrate to the system over time.

12) Expand the availability of respite services. (Lead agency: HHSC. Participating agency: ECI, TxMHMR, TdoA, TDHS, TDPRS, and TDH)

Families provide most of the long-term services and care needed by persons with disabilities. De-institutionalization over the past decade has placed the majority of the burden of care for children with disabilities on families and primary caregivers. Other families are sandwiched between the care giving needs of their children and older parents with functional impairments. Respite services refer to short-term, temporary services provided to caregivers of people with disabilities and at-risk children so they can take a break from the daily routine and stress of care giving.

Accessing respite services is difficult for a variety of reasons. Respite services are delivered through a fragmented service delivery system that often leaves families in rural areas without providers. There is a need for

better coordination and collaboration among agencies in the delivery of respite services. Funding for services is minimal and some waiver programs are not available statewide. Eligibility requirements may include diagnosis, age or geographic limitations. Waiting lists to access respite care are long. TDH provides respite care services in its Medically Dependent Children program, Alzheimer Disease program, and Children with Special Health Care Needs.